

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559086

FILING DATE

31 AUG 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	2			/		
5	0			/		
6	0			/		
7	0			/		
8	0			/		
9	0			/		
10	/		/			
11	6			/		
12	0			/		
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50						
TOTAL IND.	2		4			
TOTAL DEP.	18	←	18	←	←	
TOTAL CLAIMS	15		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						